



**APPLICATION TO PROVIDE ADULT FAMILY FOSTER CARE**  
ND DEPARTMENT OF HUMAN SERVICES/Aging Services  
SFN 1013 (Rev. 6-2007)

The application process for Adult Family Foster Care includes home visits and interviews designed to determine whether applicants meet minimum licensing requirements.

	NAME	RELATIONSHIP	DATE OF BIRTH
APPLICANT			
APPLICANT			
OTHER PERSONS LIVING IN THE HOME			
Address - Street:		Telephone Number:	
City:		County:	Zip Code:

REFERENCES: PROVIDE THREE REFERENCES UNRELATED TO YOUR FAMILY WHO WE MAY CONTACT ABOUT YOUR APPLICATION. (REQUIRED FOR INITIAL APPLICATION).

	NAME	ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE
1						
2						
3						

Have you previously applied for an AFFC License?
If yes, list the county and state where the application was made.
Was the application approved?

I have read the rules and regulations governing Adult Family Foster Care and agree to abide by them. As stated in the regulations, I understand and agree that I must be the owner or lessee and reside continuously in the home where adult family foster care is provided.

Signature of Applicant:	Date:
Signature of Applicant:	Date:

**APPLICANT 1**

Name Preferred:	Maiden Name:
-----------------	--------------

**CURRENT MARRIAGE****PRIOR MARRIAGE**

Name of Spouse:	Name of Former Spouse:
Length of Marriage:	Length of Marriage: (Give Dates)

Religious Preference:

Describe the role, if any, religion plays in your life. Would you have a concern caring for someone with differing religious beliefs?

Ethnic Origin:

Languages Other than English:

Highest Level of Education Achieved:

Please list significant employment, work experience and current work schedules.

Special activities, hobbies, interests or experience with any agencies, organizations or groups.

Explain any special training or history of caregiving/understanding of care to person with disabilities such as cognitive and physical impairments.

**APPLICANT 2**

Name Preferred:	Maiden Name:
-----------------	--------------

**CURRENT MARRIAGE****PRIOR MARRIAGE**

Name of Spouse:	Name of Former Spouse:
Length of Marriage:	Length of Marriage: (Give Dates)

Religious Preference:

Describe the role, if any, religion plays in your life. Would you have a concern caring for someone with differing religious beliefs?

Ethnic Origin:

Languages Other than English:

Highest Level of Education Achieved:

Please list significant employment, work experience and current work schedules.

Special activities, hobbies, interests or experience with any agencies, organizations or groups.

Explain any special training or history of caregiving/understanding of care to person with disabilities such as cognitive and physical impairments.

**APPLICANT 1**

Physical Problems:
Emotional Problems:
Alcohol and other drug use/abuse:
Have you ever been verbally, emotionally or physically abused or experience any other type of abuse? If yes, please explain.
What is your past and current relationship with your parents, siblings, spouses and children?
Describe your personality and how you communicate your feelings. What are your strengths and weaknesses?
Describe how you show warmth and feelings of affection toward others.

**APPLICANT 2**

Physical Problems:
Emotional Problems:
Alcohol and other drug use/abuse:
Have you ever been verbally, emotionally or physically abused or experience any other type of abuse? If yes, please explain.
What is your past and current relationship with your parents, siblings, spouses and children?
Describe your personality and how you communicate your feelings. What are your strengths and weaknesses?
Describe how you show warmth and feelings of affection toward others.

**APPLICANT 1**

What "stresses you out" and how do you handle stress?
With whom do you talk? Who provides you with support?
What type of losses have you experienced?
You may be working with persons with different behaviors, characteristics or values. Describe your ability to understand the behaviors.
Describe any behavior that you could not tolerate in your home.
Describe any physical impairment you could not handle in your home.

**APPLICANT 2**

What "stresses you out" and how do you handle stress?
With whom do you talk? Who provides you with support?
What type of losses have you experienced?
You may be working with persons with different behaviors, characteristics or values. Describe your ability to understand the behaviors.
Describe any behavior that you could not tolerate in your home.
Describe any physical impairment you could not handle in your home.

Who do you plan to use for your respite providers/substitute caregivers?
--